



SEVERE DEPRESSION WITH PSYCHOTIC SYMPTOMS (F33.3)

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Abstract :

Psychotic depression is a type of major depression that occurs when a severe depressive disease is accompanied by psychosis. Psychosis can manifest as hallucinations (such as hearing voices), delusions (such as severe feelings of worthlessness or failure), or some other break with reality. Around 19% of people who had a major depressive episode had psychotic features, resulting in a 0.4% frequency of major depressive episode with psychotic features. Thus, psychotic major depression is a relatively common disorder, affecting four of 1,000 individuals. Symptoms of major depressive disorder with psychosis may include hallucinations or delusions during a depressed episode. The ICD-10 categorization was used to make the diagnosis. The treatment's pillars include psychotherapy and pharmacological treatment.

Keywords: Depression, Hallucination, delusion, Psychotherapy.

I. INTRODUCTION

Psychotic depression, also known as **depressive psychosis**, is a major depressive episode that is accompanied by psychotic symptoms. It can occur in the context of bipolar disorder or major depressive disorder. It can be difficult to distinguish from schizoaffective disorder, a diagnosis that requires the presence of psychotic symptoms for at least two weeks without any mood symptoms present. Individuals with psychotic depression experience the symptoms of a major depressive episode, along with one or more psychotic symptoms, including delusions and/or hallucinations. Delusions occur without hallucinations in about one-half to two-thirds of patients with psychotic depression. Hallucinations can be auditory, visual, olfactory (smell), or tactile (touch), and are congruent with delusional material.

II. CASE DESCRIPTION

Case History:

A 58 years Female was apparently normal 5 months back. She was admitted in a specialized tertiary care unit, Puducherry with the complaints of decreased activity, loss of interest in life, helplessness, loneliness, feeling of guilt, disturbed sleep, decreased food intake, suicidal commitment (hanging) and hearing of voices behind her ears. Patient got continuous psychiatric treatment at MGMCRI, Puducherry. She has improvement in his condition after getting the treatment.

Physical and Mental status examination:

In Mental status examination, patient had decreased psychomotor activity, irritable mood, Speech – low pitch tone, reaction time decreased, auditory hallucination, suicidal attempts and commitments, personal and social judgement is poor. In physical examination, patient had rashes over her skin and pain in the lower extremities, no other abnormalities found.

III. INVESTIGATIONS:

Patient underwent blood investigations like

Liver function test (bilirubin-0.8mg/dl), Haemoglobin (12.4 gms%), Total count (7,300/mm³), urea (31mg/dl), creatinine (1.0 mg/dl), S. sodium (147 meq/l), S. potassium (3.8 meq/l), S. Chloride (107 meq/l).

Urine Analysis:

Protein and Glucose – Nil

Pus cells – Presence of 8-10 cells

Viral Markers:

HIV – Negative

HBsAg – Negative

IV. TREATMENT:

Client received antipsychotic tablet like T. Risperidone 2mg BD (1-0-1), antidepressant tablet like T. Setraline 50 mg BD (1-0-1), and antianxiety tablet like T. Nitaz 5mg Hs (0-0-1), and antibiotic tablet like T. Ciproflox 500mg BD (1-0-1) and conducting counselling sessions along with the therapies like Psychotherapy, occupational therapy, group therapy, and other complementary therapies like meditation, yoga and exercise. Patient condition was improved much better after getting the treatment and showed improvement in coping the skills. Nursing care was given based on the priority and needs of the patient such as monitoring of vital functions, direct observations in administration of medication, proper nutrition and assisted in various therapies. On discharge patient and family members were educated about the drug compliance, availability of rehabilitation services in community, available therapies and importance of follow up care.

DISCUSSION:

Major depression with psychotic features, or psychotic depression, is an extremely serious mental health condition that can have significant consequences if left untreated. Sufferers experience the devastating lows of depression along with the frightening delusions and hallucinations of psychosis, and the symptoms this potent combination produces are highly debilitating. The underlying etiology for my patient was traumatic events such as loss of her father at past 1 year back, and experiencing symptoms like decreased activity, hopelessness, helplessness, loneliness, feeling of guilt, disturbed sleep, decreased food intake, suicidal commitment (hanging) and auditory hallucination. The treatment given to the patient was administration of psychotropic medications includes antipsychotics, antidepressant and antianxiety medication and conducting counselling sessions along with the therapies like Psychotherapy, Occupational therapy, Group therapy and other complementary therapies like meditation, yoga and exercise.

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